FORM D

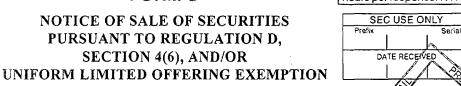


FORM D

OMB Number: 3235-0076 May 31, 2005 Expires: Estimated average burden hours per response.....16.00

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OMB APPROVAL



Name of Offering (check if this is an amendment and name has changed, and indicate change.)	RECEIVED STATE
SystemsNet, Inc.	feli i
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE MAR 2 9 2.005
A. BASIC IDENTIFICATION DATA	2.5
I. Enter the information requested about the issuer	180/9
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
SystemsNet, Inc.	~
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
6701 Democracy Boulevard, Suite 506, Bethesda, MD 20817 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) N/A	(301) 983-0337 Telephone Number (Including Area Code)
Brief Description of Business Consulting	Olease specify): THOMSON FINANCIAL
Type of Business Organization Corporation Imited partnership, already formed business trust Imited partnership, to be formed	olease specify): THOMSON
Month Year Actual or Estimated Date of Incorporation or Organization: 03 05 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			A. BASIC IDE	NTIF	ICATION DATA		f as		
2. Enter the information reques	ted for the follo	owing	3.						
 Each promoter of the is 	suer, if the issu	er he	s been organized wit	thin t	he past five years;				
 Each beneficial owner h 	aving the powe	r to v	ote or dispose, or dire	ct the	e vote or disposition o	f, 109	% or more of	aclas	s of equity securities of the issuer.
 Each executive officer 	and director of	corpo	orate issuers and of c	orpor	rate general and man	aging	partners of	partne	rship issuers; and
 Each general and mana 	ging partner of	partn	ership issuers.						
Check Box(es) that Apply:	Promoter	V	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind GTCR Fund VIII, L.P.	ividual)								
Business or Residence Address 6100 Sear Tower, Chicago, I	•		, City, State, Zip Coo	je)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind GTCR Fund VIII/B, L.P.	lividual)								
			, City, State, Zip Coo	de)					
3100 Sear Tower, Chicago, IL	. 60606-6402								
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind Canfield, Philip A.	lividual)	, ,							
Business or Residence Address 6100 Sear Tower, Chicago, II	-		, City, State, Zip Coo	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if inc Bondy, Craig A.	lividual)								
Business or Residence Address 6100 Sear Tower, Chicago,			, City, State, Zip Coo	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if inc SystemsNet Group, Inc.	lividual)			,····					
Business or Residence Address 6701 Democracy Boulevard,	•		, City, State, Zip Coo sda, MD 20817	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if inc Bajaj, Ken S.	dividual)								
Business or Residence Address 10201 Norton Road, Potoma	•		, City, State, Zip Co	de)			.,,,,,,,,		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if inc	dividual)								
Business or Residence Address	(Number and S	Street	, City, State, Zip Co	de)					

2.2 2.2	nogy) H H				B. II	NFORMATI	ON ABOU	T OFFERI	NG				
1.	Has the	issuer sold	l, or does th			ll, to non-ac				-		Yes	No IX
2.	What is	the minim	um investm			• • • • •						\$ 1,00	00.00
	5 4.				<i>c</i>	t						Yes	No
3. 4.			permit joint ion request									X	
	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remuner ted is an ass me of the b	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase int of a brok ore than five	ers in conne er or deale: (5) person	ection with r registered is to be list	sales of sec with the S ed are asso	curities in tl EC and/or	ne offering. with a state		
Ful	l Name (Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	Street, Ci	ity, State, Z	ip Code)						
Nai	me of Ass	sociated Br	oker or Dea	aler		, , , , , , , , , , , , , , , , , , , 							
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers	·					
	(Check	"All States	" or check	individual	States)	******************		·····				☐ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	City, State, 2	Zip Code)						
Naı	me of Ass	sociated Br	oker or Dea	aler				·	*****				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	" or check	individual	States)		***************************************			4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A1	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)								•	, , , , , ,
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State, I	Zip Code)						
Na	me of As	sociated Bi	oker or De	aler									
Sta	tes in Wh	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individua	l States)	••••••		,				☐ Al	l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sum \) and indicate in the columns below the amounts of the securities offered for exchange and		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	r 0.00	§ 0.00
	Equity		§ 1,501,290.20
	Common Preferred	P	φ <u></u>
	Convertible Securities (including warrants)	0.00	0.00 \$
	Partnership Interests		\$ 0.00
	Other (Specify)		\$ 0.00
	Total	1,501,290.20	\$ 1,501,290.20
	Answer also in Appendix, Column 3, if filing under ULOE.	p	\$
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 1,501,290.20
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$ <u>0.00</u>
	Legal Fees		
	Accounting Fees	_	\$_0.00
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)		\$ <u>0.00</u>
	Other Expenses (identify) Management fee	.	\$_10,000.00
	Total		400 500 00

	b. Enter the difference between the aggregate o and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the "adju-	sted gross	1,338,790.20
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to left.			
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$ 0.00	\$ 0.00	
	Purchase of real estate	s <u>0.00</u>	s_ <u></u>	
	Purchase, rental or leasing and installation of and equipment	\$ 0.00	ss	
	Construction or leasing of plant buildings and	<u>0.00</u>	\$ 0.00	
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	s 0.00	<u>\$</u> _0.00	
	Repayment of indebtedness		\$_0.00	
	Working capital	\$ 0.00	\$ 1,338,790.	
	Other (specify):		\$_0.00	\$ 0.00
			\$_0.00	\$0.00
	Column Totals	\$ <u>0.00</u>	\$ 1,338,790.2	
	Total Payments Listed (column totals added) .	,338,790.20		
		D. FEDERAL SIGNATURE		
sig	sissuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-	furnish to the U.S. Securities and Exchang	e Commission, upon writt	
lss	uer (Print or Type)	Signature /	Date	
Sy	stemsNet, Inc.	Mu J. Ba	March March	25, 2005
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	,	
<er< td=""><td>S. Bajaj</td><td>Chief Executive Officer</td><td></td><td></td></er<>	S. Bajaj	Chief Executive Officer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)